

State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

No. of the Co.	FILENUN	MBER	沙 爾
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TOTAL PAG	ES IN ENTI	RECFA-4 REP	ORT
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COMMITTEE INFORM	IATION		
1. Full name of committee (as on Statement of Organization) Check if this is a new name ECKARD FOR CLAY TOWNSh:	P BOA	eD	AN SERVICE REGISTRY ALL SPACE
2. Acronym or abbreviated name, if any	Committee telep ()	hone number	on Squat file number.
4. Mailing address (address where all campaign finance correspondence is received) Che	ck if this is a new ad	dress	AL PAGES: Enter the total not ing any articined conscure.
5. City, state, ZIP code CARMEL IN 46032	6. Party affiliation (if applicable)	ASSET STREMENSMANA NA ES
CANDIDATE INFORMATION (For Candi	date's Committee	es Only)	
7. Full name of candidate (include any nickname) YN ARY EW. N. G EC ICARD	8. Party affiliation	ePubLican	T Some the full name of their middles (Fam CF4-1, CH4)
9. Office sought (Include district number, if thy. Not required for exploratory committee.)	10. County of resid	milton	2 Enter the accompay or abt
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:	(vectorin and	Check one:	ypically be the cornelly
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	f 20 must be "0")	Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)	rylly sonsbnbos	Post-Conventi	ion
12. Reporting period: 2002 Through: December 31	2002	COLUMN A This Period	COLUMN B Year to Date
 Cash on hand and investments at the beginning of this reporting period. 	DIT strepal mil	511.52	
14. Cash on hand and investments January 1, 12 200 2			348.10
CONTRIBUTIONS AND RECEIPTS			REPORT REPORT
(Note: these amounts include in-kind contributions and loans, as well as cash contri	butions.)		是是这些"五个里的对
15a. Itemized (use Schedule A)	_		3560.00
15b. Unitemized	a mospione -	87.06	1845 15
15c. Add lines 15a, and 15b in both column	SUBTOTAL	87,06	5345.15
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	598.58	5693.25
(Note: These amounts include is lived expenditures and less assuments.)			
(Note: These amounts include in-kind expenditures and loan repayments.)	naw besult who	237.75	5457.36
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	tredmon 19	The state of the s	19006
17b. Unitemized	ni-simu A Mu	1500	5647. 42
17c. Add lines 17a and 17b in both columns	SUBTOTAL	552.75	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both coli	umns) TOTAL	43.85	45.83
19. Debts OWED BY the committee (use Schedule D)	official (include	460.07	
20. Debts OWED TO the committee (use Schedule E)	1019 80	-0-	

CERTIFICATION	
Signature on File	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor	

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page _	2	of	ıl	

	:)			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. C W:Ilian Wright	Contributions: Direct In-Kind (describe)			
474 GRAdLe VR	212		500	
Cramel IN 46032	Other Receipts: Interest □Loan □Misc (specify)			
Contributor's Occupation (if required)				
Wm A Thompson	Contributions: Direct In-Kind (describe)			
10394 Orchans PARIC W DR	Other Receipts:		150	
Contributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Misc (specify)		8	
3. Stophon Schutz	Contributions: Direct In-Kind (describe)			
445 GRADLE DL	-		200	
Cornel En 46032	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
ELON R AUS	□ Direct □ In-Kind (describe)			-
1028 Charg Chase EN			200	
Ind: Anapolis In 46280	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (if required)		-		
5.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
Contributor's Occupation (if required)				
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TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		9		S Des Pr



State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	3	of	11	1911

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1 Campell Kyle Phollitt	Contributions: Direct In-Kind (describe)	es la lo zano	os priliam ons	the full name
Box 2020 Noblescille In 46061	Other Receipts: Interest □Loan Misc (specify)	ofudhinos 8	200	ORTANT:
MARK SWANSIN ASSOC.	Contributions: Direct In-Kind (describe)	es yert signs 2 PERIOD: Ea	SHT THUS	вакива на ка МА А ИМЦ
Indianopolis In 46280	Other Receipts:	G-GT-RAB	150	UO E MMU
3. SANTA Rosa Mosaic tile. 2707 Rossevelt AUC	Contributions: Direct In-Kind (describe)	calendar ye snih day, and nay order. NG	200	to first rep E RECEIVE
Indianapolis IN 47218	Other Receipts: Interest Loan Misc (specify)	getykamas	Enlac Ina	re davia
4. Centuur Conculting Inc	Contributions: Direct In-Kind (describe)	CHEDULE A	PAGE OF 3 as the TOTAL AGES OF SI	ME SALUE SAME SAME
Ind: An Ap. LI, IN 46240	Other Receipts:	10 emही क्षरी 1	200	
5. DSB Associates 1019 CARMEL DR CARMEL IN 46032	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)		,50	
	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

(Enter total on ITEM 15a of the Summary Shi

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CONTRIBUTOR'S FULL NAME AND FULL MAILING - ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)		7	AUTAO NO THE
•	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
	Contributions: . Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL	THIS PAGE OF SCHEDULE A	s		



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on iTEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
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Page		of	1/	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Home PAC P.O. Box 44670 Indian p. L:s In 46244	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)		500	
MART: N Morre HA Cuaregater State Bol: tival Containation Comm.	Contributions: Direct In-Kind (describe)		250	
P.O. Gox 30073 Ruliegh N.C. 2762	Other Receipts: Interest □Loan □Misc (specify)		250	
1912 N Meridian St	Contributions: Direct In-Kind (describe)			
IndiANAPOLIS IN 46202	Other Receipts: Interest DLoan Misc (specify)		1000	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan □ Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL TH	IS PAGE OF SCHEDULE A	s		
TOTAL OF ALL PAGES OF SCHEDULE A			2 3 3	

(Enter total on ITEM 15a of the Summary Sheet)



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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200. if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	mi-analoned IIA introduced to beviscen edifference prohoger en	Contributions: Direct In-Kind (describe)	dress of each o	be grillem bns shibhso: eathr	art the full name a political com
		Other Receipts:			
2.	iple (ver \$100 within a calender year (\$200 if regular party	Contributions: Direct In-Kind (describe)	too its to seed to help even on	es gnilism one udes enlines v	pro sin'i (astiri pro sin'i (astiri
		Other Receipts:	a contribute SECTHER	Pietrican	ORTANT:
1.	100	Contributions: Direct In-Kind (describe)	:00IRBS	SHIT THUS	URIN A AMI
	nurbutions, including invited, transferi-in or other receipts	Other Receipts:	EAR-TO-D	SULATIVE Y	JANN B CUI
i.	ined. For ahedia and maney anters indicate the date the d	STATE OF THE PARTY		m ere rates 16 m ere xosto et menw device	RECEIVED
		Other Description		Enter Bie	EIVED BY
j.	IP OF Schedule A. If there is only one page of this Schedust. VILY: Enter (CW THE LAST PAGE ONLY) the total amount.		CHEDULE A	AGES OF SI	emes ethe same LOFALL P Local on School
		Other Receipts: Interest □Loan Misc (specify)			
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	TOTAL OF ALL PAGES OF SCHEDULI	E A ON THE LAST PAGE ONLY	c		



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(CFA-4 SCHEDULE B) Itemized Expenditures

STATE OF	FILE	ENUMBE	R	
Page _	7	of	1)	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

w .					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B. CUMULATIVE, YEAR-TO-DATE	DATE OF EXPENDITURE
A Wise Buy 1821 Chrise Ct	Parnten	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐			
Coencl In 46002		Purpose:		179	
A JACKSON Concepts 7346 Hidden VANEY	Printer	Direct In-Kind Payment of Debt Returned Contribution Other			
Place field In.		Purpose: Flyers		[47 .03	
A Dixie PACKAND 4787 GXford Pl.	Prightmen	Direct In-Kind Payment of Debt Returned Contribution Other			
Cornel In 46032		Purpose: Mailing		120	
A Topics Newspapers 13095 Publisher De	Hows paper	Poirect In-Kind Payment of Debt Returned Contribution Other			10/23
ficheas In 16038		Purpose:	11695	688,15	1 0 3
A Indianapolis Star 307 N Benusylvania	Newspaper	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐			16)
Indianapoli, IN	•	Purpose:	420.80	841.60	125
A C. ticens in Action P.o. Box 883		Diffect			
Connel In 41.032		Purpose: Mailers		290.42	
9 Americas Compaign Stone	San morter	Direct In-Kind Payment of Debt Returned Contribution Other			
Jeffers In 47130		Sryns.		1971.85	
	SUB TOTAL TH	IS PAGE OF SCHEDULE B	\$ 531.75		
	L PAGES OF SCHEDULE B (ITEM 17a of the Summary S		s		



State Form 4606 (R8 / 8-97)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE NUMBER	
Page	§ of)	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM
17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and
other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200,
if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political
committees (such as transfers-out from candidate, legislative caucus, polítical action, or regular party committees)
MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE, YEAR-TO-DATE	DATE OF EXPENDITURE
O Enterpaire Can hendels 3210 E 96th St Cramer In 46032	Londol Co.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Other Put		189.31	
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:			
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-	
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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	ENUMBE	R	SER
Page	9	of	1)	_

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	P	UBLIC QUESTION INFORMATION			
Enter Text of Public Question					
Type of Question: Statewide Loc Position: Supported Opposed	cal				
RECIPIENT'S NAME AND MAILING ADDRESS' (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	☐ Direct				
	□ In-Kind				
	☐ Direct				
	□ In-Kind				
	Direct				
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	□Direct	W /			
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		SCHEDULE C ON THE LAST PAGE ONLY the Summary Sheet)	s		



(CFA-4 SCHEDULE D)
Debts Owed by This Committee

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Indiana Election Commission	(IC 3-9-5-14)
Approved by State Board of A	ccounts 1997

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
MARY Ewing Eckard			3./		
MARY Eving Eckard 11025 Timber Lame Cornel In 46032		460.07	3/17/98	D	460.07
Cornel In 46032 LENDERS OCCUPATION:		460.07 L.a.	198		
ENDERS OCCUPATION:					
ENDERS OCCUPATION:					
ENDERS OCCUPATION:					
				40	
ENDERS OCCUPATION:	-				
		20 20			
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

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Page _	11	of	11	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	MAILING ADDRESS(if any) (street, number, oty state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	
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